SMALL ESTAD.

OTHER THAN

P10/Sii oo cossuo Approved for use through 10/31/2002. OMB 0651-0032 | 5 | Parent and Frademark Office; U.S. DEPARTMENT OF COMMERC! Under the Paperwork Peduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

	ocolumn ta	2 to 2	
FOF	NUMBER FILED	ACMBER EXTRA	
BASIC FFI	*		
TOTAL CLAIM	marts 20	-	
O7 CER (1980) INDEPENDENT CLAPAS O7 CER (1980)	minus 3		

CLAIMS AS HILLED CARD.

RATE : OR TOTAL Θ E

CLAIMS AS AMENDED - PART II · Limbile (Column Li - Column 1) CLAIMS HIGHEST PRESENT REMAINING NUMBER EXTRA PREVIOUSLY **AFTER** AMENDMENT PAID FOR AMENDMENT Total Minus (37 CFR 1.16(c)) Independent (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

SMALL ENTITY SMALL ENTITY ADDI-... ADDI-TIONAL RATE TIONAL RATE FEE FEE :OR OR $_{\rm iOR}$ OR TOTAL TOTAL ADDIT, FEE ADDIT, FEE

		(Column 1)		(Column ₃))	e chang by
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT ENTRA
	Total (37 CFR 1.1%c))	ak:	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
\ [⋖]	FIRST PRES	(37 (1R 1.16d))			

٠.	7.71 1. 1 12.2				
	RATE	ADDI TIONAL FEE		RATE	ADDI-
	x <u>5 9</u> x <u>44 =</u> + <u>150 =</u>	田で言え思える	OR OR OR	 +200_=	
 	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	

		(Column 1)		(Column 2)	o Odmin 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**************************************	
	Independent (37 CFR 1.16(b))	,	Minus	¥.3 W	= .
	FIRST PRES	(37 CFR 1 1664)			

	JOINE	' 1	CIL.	DDIT. FEE	
A	DDIT, FEE L		۸۱	DOH. PEG	• etilinin
	RATE .	ADDI- TIONAL- FEE	· · · · · · · · · · · · · · · · · · ·	RATE	ADDI- TIONAL TEE
	x 5_9_ ·	1 4	ÖR-	x s <u>18</u> =	
	<u>. 44</u>	: :	OR OR	1x-00 =	
1.	+ <u>150</u> =	Ż	OR	-300 =	<u></u>
-4;	TOTÁL		OR	TOTAL	
	ADDIT, FEE		_	ADDIT FEE	

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3

** If the "Highest Number Previously Pard For" IN THIS SPACE is less than 20, enter "20"

11 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, error 3 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column ‡

Fig. (1) pages (summer recoonsity rand not 7) total or Independent) is the highest number found in the appropriate box in column 3. Hurden Hour Statement: This form is estimated to take 0.2 hours to complete. Time win vary depending upon the needs of the individual case. Hurden comments on the amount of time you are required to complete this form should be sent to the Chief Information (Iffice, U.S. Parent and Findemation Office, Washington, DC 2023). DO SOF SESDIFFS OF COMPLETED LORMS TO THIS ODDPTOS. SUSDIFFO Assistance commissioner for Patients. Washington, DC 20231.

If the difference in column 1 is less than zero, enter "0" in column 2